NIE COCCO 4701

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400348786174

09/04/28 -0.818--0.3 **43.75

Kung

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: I am Help Corp.
DOCUMENT NUMBER: N 18000004701
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Romick Name of Contact Person Tom Help Corp Firm/ Company
8280 Meadow road opt 6216 Address
City/ State and Zip Code
jromick @ gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Tohn Romick at (469) 594 0215 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee FL 323142415 N. Monroe Street Suite 810

Tallahassee, FL 32303

Articles of Amendment

10

Articles of Incorporation

of

I AM HELRCOR	RP
(Name of Corporation as currently	y filed with the Florida Dept. of State)
N 18000004701	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new company, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N1.4
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent / / A	· · · · · · · · · · · · · · · · · · ·
(Florida stre	eet address)
New Registered Office Address:N/4	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	: with and accept the obligations of the position.
NIA	
Signature of New Re	egistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s 607.0120 (11) (re), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P = President; $\hat{V} = Vice President$; $\hat{T} = Treasurer$; $\hat{S} = Secretary$; $\hat{D} = Director$; $\hat{T}R = Trastee$; $\hat{C} = Chairman or Clerk$; $\hat{C}EO = Chief$ Executive Officer; $\hat{C}EO = Chief$ Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT .l.</u>	ohn Doe	
\underline{X} Remove	<u>V</u> <u>N</u>	tike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u></u>	John Romick	8280 Mecdou road
Add			Apt 6216
X Remove			Delles ,TX 75231
2) Change	<u>V</u>	Carolina Lopez	8280 Mecdon road
_ <u>X</u> Add			Apt 6216
Remove 3) Change	Wer	Scott G Evens	Dallas, TX 75231
Add			606 Mt Pleasant road
Remove			Rydel, GA 30171
4) Change	MER	Samuel Romick	1996 Hollows ToL
_ X _ Add			Deerfield beach, FL
Remove			33442
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

6110	(He specific)			
VIA				
	74.5			
				
				<u>-</u>
				
		·		
·	_ _			
amendment provides for an excha	nge, reclassification, o	or cancellation of issue	ed shares.	
visions for implementing the amend (if not applicable, indicate N/A)	micut a not contained	u in the amendment it	sen:	
NIA				·
		.		
· · · · · · · · · · · · · · · · · · ·				
			.	

The date of each amendment(s) adoption:	07-30-2020	, if other than the
date this document was signed.		
Effective date if applicable:	08-05-2020	
Encore date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this t of State's records	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient (the shareholders. The number of votes cast for the amendmer for approval	n(s)
	, the shareholders through voting groups. The following state ting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	."	
((voting group)	
Dated 07-3	0 -1010	
Signature	h 77h/2	
(By a director, p selected, by an i	president or other officer – if directors or officers have not bee incorporator – if in the hands of a receiver, trustee, or other co- iary by that fiduciary)	
	John D Romick (Typed or printed name of person signing)	
	President	
	(Title of person signing)	